

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

AGENCY BUYSMART INSURANCE I		NAMED INSURED INTERNATIONAL SECURITY GUARD SERVICES INC 27455 S Dixie Hwy Homestead, FL 33032	
POLICY NUMBER 974707449			
CARRIER Progressive Express Insurance Company	NAIC CODE 10193	EFFECTIVE DATE: 11/02/2023	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Additional Coverages

Insurance coverage(s)	Limits
Personal Injury Protection	\$10,000 w/\$0 Ded - Named Insured Only

Liability coverage may not apply to all scheduled vehicles.